

**Mississippi Immunization Information eXchange (MIIX) – REMOVE USER FORM***To remove authorized user(s) in the Mississippi Immunization Information eXchange (MIIX)*

Please complete the following information for any staff within your agency or practice who is or will be leaving your Clinic/Facility or School. Complete, sign and return this form to the MSDH Immunization Program to the attention of the Registry Coordinator within **three days** of the employees last day of employment.

(Person completing the form)

Clinic/Facility or School Name: _____

Contact Person(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax: _____

Email Address: _____

(Please list the employee(s) leaving the Clinic/Facility or School for whom access will be revoked).

First Name <i>(print)</i>	Last Name <i>(print)</i>	Position/Title <i>(print)</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Signing this form signifies the above user(s) will be removed from the Clinic/Facility or School as a MIIX authorized user(s). Please sign, keep a copy for yourself, and return the original to the Immunization Program.

Signature of Clinic/Facility Manager, School Admin. or Authorized Designee
Date

Signature of MIIX Authorized Representative
Date

Signature of MIIX Registry Coordinator
Date

This completed form may be faxed to (601) 576-7468 or 1 (800) 634-9204